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CONFIRMATION NO. 3631

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| SERIAL NUMBER 10/736,101 | FILING DATE 12/16/2003 RULE | CLASS 362 | GROUP ART UNIT 2875 | ATTORNEY DOCKET NO. | | | | | |
| APPLICANTS Wen-Feng Tsay, Taipei, TAIWAN; | | | | | | | | | |
| ** CONTINUING DATA ***** <i>ja</i> | | | | | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>ja</i> | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/24/2004 | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>James W. H.</i> Acknowledged <u>Examiner's Signature</u> <u>Initials</u> </td> <td style="width: 15%; border: none; text-align: center;"> STATE OR COUNTRY TAIWAN </td> <td style="width: 10%; border: none; text-align: center;"> SHEETS DRAWING 5 </td> <td style="width: 10%; border: none; text-align: center;"> TOTAL CLAIMS 5 </td> <td style="width: 20%; border: none; text-align: center;"> INDEPENDENT CLAIMS 1 </td> </tr> </table> | | | | | Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>James W. H.</i> Acknowledged <u>Examiner's Signature</u> <u>Initials</u> | STATE OR COUNTRY TAIWAN | SHEETS DRAWING 5 | TOTAL CLAIMS 5 | INDEPENDENT CLAIMS 1 |
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| ADDRESS <div style="display: flex; justify-content: space-between;"> <div> Wen-Feng Tsay P. O. BOX 24-108 TAIPEI , TAIWAN </div> <div style="text-align: center;">AIR MAIL</div> </div> | | | | | | | | | |
| TITLE Accessory illuminating device of mobile phone | | | | | | | | | |
| FILING FEE RECEIVED 530 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table> | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ |
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